



PBH UM/ACCESS

Communication Bulletin FY-0910-UM-09

To: PBH Network Providers

From: David Jones, MA, LPA Dir of Clinical Operations

Date: 3-30-10

RE: Clarification on Sate Funded Outpatient Services Reductions

This communication will provide clarification about the services covered under the State Funded Outpatient changes announced in the communication from Dan Coughlin and from FY-0910-FN-76 PBH Finance.

Service Code	Description	Action in PBH CI System
YA125	Hourly Respite	Inactivate Code 4/1/10
YA213	Community Respite	Inactivate Code 4/1/10
YP010	Hourly Respite – Individual (DD)	Inactivate Code 4/1/10
YP011	Hourly Respite – Group (DD)	Inactivate Code 4/1/10
SF010	Home Supports – Individual	Inactivate Code 4/1/10
SF015	Home Supports – Group	Inactivate Code 4/1/10
S5145	HRI Level II – Therapeutic Foster Care	Inactivate State Funding as of 4/1/10
YA254	Therapeutic Leave – Residential Level II Therapeutic Foster Care	Inactivate State Funding as of 4/1/10
H2020	HRI Level II – Group Homes	Inactivate State Funding as of 4/1/10
YA255	Therapeutic Leave – Residential Level II Program Type	Inactivate State Funding as of 4/1/10
H0019	HRI Level III – 1-4 Beds	Inactivate State Funding as of 4/1/10
YA256	Therapeutic Leave – Residential Level III 1 – 4 Beds	Inactivate State Funding as of 4/1/10
H0019	HRI Level III – 5 + Beds	Inactivate State Funding as of 4/1/10
YA257	Therapeutic Leave – Residential Level III 5 + Beds	Inactivate State Funding as of 4/1/10
H0019	HRI Level IV	Inactivate State Funding as of 4/1/10
YA258	Therapeutic Leave – Level IV – 1 – 4 Beds	Inactivate State Funding as of 4/1/10
YA259	Therapeutic Leave – Level IV 5+ Beds	Inactivate State Funding as of 4/1/10

Service Code	Description	Action in PBH CI System
H0036 HA HP	Community Support-Individual-Child (Qualified Professional - Licensed)	Inactivate State Funding as of 4/1/10
H0036 HA HO	Community Support-Individual-Child (Qualified Professional - Unlicensed)	Inactivate State Funding as of 4/1/10
H0036 HA HN	Community Support-Individual-Child (Associate Professional)	Inactivate State Funding as of 4/1/10
H0036 HA UB	Community Support-Individual-Child (Paraprofessional)	Inactivate State Funding as of 4/1/10
H0036 HB HP	Community Support-Individual-Adult (Qualified Professional - Licensed)	Inactivate State Funding as of 4/1/10
H0036 HB HO	Community Support-Individual-Adult (Qualified Professional - Unlicensed)	Inactivate State Funding as of 4/1/10
H0036 HB HN	Community Support-Individual-Adult (Associate Professional)	Inactivate State Funding as of 4/1/10
H0036 HB UB	Community Support-Individual-Adult (Paraprofessional)	Inactivate State Funding as of 4/1/10
H0036 HQ U8	Community Support-Group (Qualified Professional - Licensed)	Inactivate State Funding as of 4/1/10
H0036 HQ U7	Community Support-Group (Qualified Professional - Unlicensed)	Inactivate State Funding as of 4/1/10
H0036 HQ U6	Community Support-Group (Associate Professional)	Inactivate State Funding as of 4/1/10
H0036 HQ U5	Community Support-Group (Paraprofessional)	Inactivate State Funding as of 4/1/10
YP020	Personal Assistance - Individual	End Date Code as of 5/1/10
YP021	Personal Assistance - Group	End Date Code as of 5/1/10

Outpatient Services		
YP230	YP230 Assertive Outreach	<p>Apply to STATE ONLY</p> <p>Allow 8 sessions for adults</p> <p>Allow 12 sessions for children</p> <p>After these benefits are exhausted:</p> <p>For Authorization: You will receive a message stating: "No Authorization Allowed - Benefit Exhausted"</p> <p>For Claims: You will receive the denial reason code "1024- Max Basic Units Exhausted"</p>
T1023	T1023 Diagnostic Assessment (MH/SA)	
T1023 GT	T1023 Diagnostic Assessment (MH/SA) GT -- Interactive Telecommunications	
90801 SC	90801 SC Clinical Evaluation/Intake	
90802	90802 Interactive Evaluation	
90802 SC	90802 SC Interactive Evaluation	
H0002	H0002 BH Screening	
90846	90846 Special Family Therapy w/o patient	
90846 SC	90846 SC Special Family Therapy w/o patient	
90847	90847 Special Family Therapy w patient	
90847 SC	90847 SC Special Family Therapy w patient	
H0004 HR	H0004 - HR - BH Counsel Family / couple, with client present	
H0004 HS	H0004 - HS - BH Counsel Family / couple, without client present	
YP833	YP833 - Behavioral Health Counseling – Family Ther	

Outpatient Services		
YP834	YP834 - Behavioral Health Counseling – Family Ther	
90849	90849 Special Family Therapy (multiple Families)	
90853	90853 Special Group Therapy (non-multiple)	
90853 SC	90853 SC Special Group Therapy (non-multiple)	
90857	90857 - Interactive Group	
H0004 HQ	H0004 - HQ - BH Counsel Group Setting	
H0005	H0005 Alcohol and/or Drug Group Counseling	
YP832	YP832 - Behavioral Health Counseling - Group Thera	
YP835	YP835 - Alcohol and /or Drug Group Counseling	
90804	90804 Individual Therapy (20-30 minutes)	
90804 GT	90804 Individual Therapy (20-30 minutes) GT -- Interactive Telecommunications	
90804 SC	90804SC Individual Therapy (20-30 minutes)	
90806	90806 Individual Therapy (45-50 minutes)	
90806 GT	90806 Individual Therapy (45-50 minutes) GT -- Interactive Telecommunications	
90806 Q6	90806 Individual Therapy (45-50 minutes) Q6	
90806 SC	90806 SC Individual Therapy (45-50 minutes)	Apply to STATE ONLY
90808	90808 Individual Therapy (75+ minutes)	Allow 8 sessions for adults
90808 GT	90808 Individual Therapy (75+ minutes) GT -- Interactive Telecommunications	Allow 12 sessions for children
90810	90810 Interactive Therapy (30 minutes)	
90812	90812 Interactive Therapy (50 minutes)	
90814	90814 Interactive Therapy (80 minutes)	
90816	90816 Individual Therapy (30 minutes)	
90818	90818 Individual Therapy (50 minutes)	
90821	90821 Individual Therapy (80 minutes)	
H0004	H0004 BH Counsel	
YP831	YP831 - Behavioral Health Counseling	
90805	90805 Individual Therapy (20-30 minutes) - MD	
90805 GT	90805 Individual Therapy (20-30 minutes) - MD GT -- Interactive Telecommunications	
90807	90807 Individual Therapy (45-50 minutes) - MD	
90807 GT	90807 Individual Therapy (45-50 minutes) - MD GT -- Interactive Telecommunications	
90809	90809 Individual Therapy (75+ minutes) - MD	
90809 GT	90809 Individual Therapy (75+ minutes) - MD GT -- Interactive Telecommunications	
90811	90811 Interactive Therapy (30 minutes) - MD	
90813	90813 Interactive Therapy (50 minutes) - MD	
90815	90815 Interactive Therapy (80 minutes) - MD	
90817	90817 Individual Therapy (30 minutes) - MD	
90819	90819 Individual Therapy (50 minutes) - MD	
90822	90822 Individual Therapy (80 minutes) - MD	
YM450	YM450 Therap Intervention/Crisis Prevention-Ind	
YM451	YM451 Therap Intervention/Crisis Prevention-Group	

EVALUATION CODES

90801	90801 Clinical Evaluation/Intake	<p align="center">Apply to STATE ONLY</p> <p>Utilization DOES count against Basic limit</p> <p>Services past the Basic limit are allowed, but require authorization</p>
90801 GT	90801 Clinical Evaluation/Intake GT -- Interactive Telecommunications	
90801 Q6	90801 Clinical Evaluation/Intake Q6	
H0001	H0001 Alcohol and/or Drug Assessment	
YP830	YP830 - Alcohol and/or Drug Assessment	
H0031	H0031 Mental Health Assessment	

Medication Management Code

90862	90862 Medication Management - Individual	<p align="center">Apply to STATE ONLY</p> <p>Utilization DOES count against Basic limit</p> <p>Services past the Basic limit are allowed, but DO NOT require authorization</p>
90862 GT	90862 Medication Management - Individual GT -- Interactive Telecommunications	
90862 Q6	90862 Medication Management - Individual Q6	

Please contact PBH UM at 704-743-2100 with specific questions related to authorization of services. Any PBH UM staff member will be glad to assist you.

As always, thank you all very much for your cooperation and dedication through these financially difficult times.